Case 3-13-13553-rdm Doc 3

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B22A (Official Form 22A) (Chapter 7) (04/13)

In re George E O'Brien	<u> </u>
Debtor(s)	According to the information required to be entered on this statement
Case Number:	(check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

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	Part II. CALCULATION OF M	ION	THLY INCOM	ME FOR § 707(b)('	7) E	EXCLUSION	
	Marital/filing status. Check the box that applies a	and c	omplete the balance	e of this part of this state	emer	nt as directed.	
	a. ■ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.						
2	for Lines 3-11.  c. □ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.						ther than for the
	d. Married, filing jointly. Complete both Coloral All figures must reflect average monthly income re				Spo		
	calendar months prior to filing the bankruptcy case					Column A	Column B
	the filing. If the amount of monthly income varied	l dur	ing the six months,			Debtor's	Spouse's
	six-month total by six, and enter the result on the a	appro	priate line.			Income	Income
3	Gross wages, salary, tips, bonuses, overtime, con	mmis	ssions.		\$	1,781.43	\$
	Income from the operation of a business, profess						
	enter the difference in the appropriate column(s) o business, profession or farm, enter aggregate numb						
	not enter a number less than zero. <b>Do not include</b>						
4	Line b as a deduction in Part V.		1	<b>P</b>			
			Debtor	Spouse			
	a. Gross receipts	\$	0.00				
	b. Ordinary and necessary business expenses c. Business income	\$ \$11	<b>0.00</b> btract Line b from I		\$	0.00	\$
	Rent and other real property income. Subtract I				Ψ	0.00	Ψ
	the appropriate column(s) of Line 5. Do not enter						
	part of the operating expenses entered on Line k						
5			Debtor	Spouse			
	a. Gross receipts	\$	0.00				
	<ul><li>b. Ordinary and necessary operating expenses</li><li>c. Rent and other real property income</li></ul>	\$ Sul	<b>0.00</b> btract Line b from I	•	\$	0.00	\$
6	Interest, dividends, and royalties.	Du	Direct Ellie 6 Holli I	ine u	\$	0.00	-
7	Pension and retirement income.						
/					\$	0.00	\$
	Any amounts paid by another person or entity, expenses of the debtor or the debtor's dependen						
8	<b>purpose.</b> Do not include alimony or separate main						
	spouse if Column B is completed. Each regular pa				Φ.	0.00	Ф
	if a payment is listed in Column A, do not report the				\$	0.00	\$
	<b>Unemployment compensation.</b> Enter the amount However, if you contend that unemployment comp						
0	benefit under the Social Security Act, do not list the						
9	or B, but instead state the amount in the space below	ow:			ī		
	Unemployment compensation claimed to be a benefit under the Social Security Act	r ¢	<b>0.00</b> Spc	nuce \$			_
	be a benefit under the Boelar Becarity Feet				\$	0.00	\$
	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments						
10	received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
		\$	Debtor	Spouse \$			
	a. b.	\$		\$			
	Total and enter on Line 10	1.			\$	0.00	\$
11	Subtotal of Current Monthly Income for § 707(1	b)(7)	. Add Lines 3 thru	10 in Column A, and, if	+		
	Column B is completed, add Lines 3 through 10 ir	ı Col	umn B. Enter the t	otal(s).	\$	1,781.43	\$

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		1,781.43		
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.				
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: WI b. Enter debtor's household size: 1	\$	43,661.00		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.				
The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

# Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16 Enter the amount from Line 12.					\$	
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    A						
	c. d.			\$ \$		
	Total and enter on Line 17				<b>_</b>	\$
18	Current monthly income for § 70'	7(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION	OF DI	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	ductions under Sta	andard	s of the Internal Revenu	e Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Persons under 65 year	rs of age	a2	Persons 65 years of age	or older	
	<ul><li>a1. Allowance per person</li><li>b1. Number of persons</li></ul>		a2.	Allowance per person Number of persons		
	c1. Subtotal		c2.	Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of			6			
	any additional dependents whom yo	ou support.				\$

20B	not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by your					
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	`	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public You are entitled to an expense allowance in this category revehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operation included as a contribution to your household expenses in Lical O	gardless of whether you pay the expenses of operating a tion.  ing expenses or for which the operating expenses are				
	If you checked 0, enter on Line 22A the "Public Transportation. If you checked 1 or 2 or more, enter on Line Standards: Transportation for the applicable number of vehi Census Region. (These amounts are available at <a amount="" applicable="" area="" costs"="" from="" href="https://www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usdoj.org/www.usd&lt;/td&gt;&lt;td&gt;e 22A the " icles="" in="" irs="" local="" metropolitan="" operating="" or<="" statistical="" td="" the=""><td>\$</td></a>	\$				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation					
	a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by 1, as stated in Line 42	\$				
24	c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.  Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average					
25	Other Necessary Expenses: taxes. Enter the total average state and local taxes, other than real estate and sales taxes, security taxes, and Medicare taxes. Do not include real estate	monthly expense that you actually incur for all federal, such as income taxes, self employment taxes, social	\$			

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<i>D</i> -2.11	(Official Form 22A) (Chapter 7) (04/13)		
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to		
29	Other Necessary Expenses: education for employment or the total average monthly amount that you actually expend for education that is required for a physically or mentally challen providing similar services is available.	or education that is a condition of employment and for	\$
30	Other Necessary Expenses: childcare. Enter the total avera childcare - such as baby-sitting, day care, nursery and presche		\$
31	Other Necessary Expenses: health care. Enter the total avenue health care that is required for the health and welfare of yours insurance or paid by a health savings account, and that is in einclude payments for health insurance or health savings account.	self or your dependents, that is not reimbursed by excess of the amount entered in Line 19B. <b>Do not</b>	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you		
33	Total Expenses Allowed under IRS Standards. Enter the t	total of Lines 19 through 32.	\$
	Note: Do not include any expens  Health Insurance, Disability Insurance, and Health Saving the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories set out in lines a-c below that are reasonably not the categories are the categories and the categories are the categories and the categories are the categories		
34	dependents.		
	a. Health Insurance \$		
	b. Disability Insurance \$		
	c. Health Savings Account \$		\$
	Total and enter on Line 34.  If you do not actually expend this total amount, state your below:  \$	actual total average monthly expenditures in the space	
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		
Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			\$
Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			\$
Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			\$

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			s. Enter the amount that you will continorganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Total	Additional Expense Deduction	ons under § 707(b). Enter the total of I	Lines .	34 through 40		\$
			<b>Subpart C: Deductions for De</b>	bt P	ayment		
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.			aly Payment, and l of all amounts ne bankruptcy			
		Name of Creditor	Property Securing the Debt	Av		Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					otal: Add Lines		\$
43	payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor				n may include in on to the d include any such amounts in	\$	
44	priori	ty tax, child support and alimo	laims. Enter the total amount, divided b ny claims, for which you were liable at t ch as those set out in Line 28.		of all priority cla	aims, such as	\$
			es. If you are eligible to file a case under by the amount in line b, and enter the res				
45	a. b.	issued by the Executive Offi information is available at with the bankruptcy court.)	chapter 13 plan payment.  district as determined under schedules ace for United States Trustees. (This arww.usdoj.gov/ust/ or from the clerk of attive expense of chapter 13 case	x Tota	al: Multiply Line	es a and b	\$
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.					\$	
	Subpart D: Total Deductions from Income						
47	Total	of all deductions allowed und	der § 707(b)(2). Enter the total of Lines	33, 4	1, and 46.		\$
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION							
48	8 Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$		
49							\$
50	Mon	thly disposable income under	§ <b>707(b)(2).</b> Subtract Line 49 from Line	e 48 a	nd enter the resu	lt.	\$
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.				\$		

statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.  The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of past attement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines:  Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  Secondary presumption determination. Check the applicable box and proceed as directed.  The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption are of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the healt you and your family and that you contend should be an additional deduction from your current monthly income under \$707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average month each item. Total the expenses.  Expense Description  Expense Description  Secondary presumption determination. The presumption are presumption at the expense of the presumption of the presumption are presumption at the presumption are presumption at the presumption are presumption and provided in this statement is true and correct. (If this is a joint case must sign.)  Date:  July 13, 2013  Signature:  I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case must sign.)  Signature:  I declare under penalty of perjury that the informati						
statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.  The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of past attement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines:  Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  Secondary presumption determination. Check the applicable box and proceed as directed.  The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption are of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the healt you and your family and that you contend should be an additional deduction from your current monthly income under \$707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average month each item. Total the expenses.  Expense Description  Expense Description  Secondary presumption determination. The presumption are presumption at the expense of the presumption of the presumption are presumption at the presumption are presumption at the presumption are presumption and provided in this statement is true and correct. (If this is a joint case must sign.)  Date:  July 13, 2013  Signature:  I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case must sign.)  Signature:  I declare under penalty of perjury that the informati	tion. Check the applicable box and proceed as directed.					
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b.   S   S   S   S   S   S   S   S   S	Monthly Amount					
c.   \$   d.   \$   Total: Add Lines a, b, c, and d   \$    Part VIII. VERIFICATION  I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case must sign.)  Date: July 13, 2013   Signature: /s/ George E O'Brien   George E O'Brien   George E O'Brien   Signature	· ·					
d. State and Correct. (If this is a joint case must sign.)  Date: July 13, 2013  Signature: /s/ George E O'Brien  George E O'Brien						
Part VIII. VERIFICATION  I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case must sign.)  Date: July 13, 2013  Signature: /s/ George E O'Brien  George E O'Brien						
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Date: July 13, 2013 Signature: /s/ George E O'Brien George E O'Brien	ry that the information provided in this statement is true and correct. (If this is a joint case, both debtors					
George E O'Brien	Signature: /s/ George E O'Brien					
(Bellot)	(Debtor)					

<sup>\*</sup> Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B22A (Official Form 22A) (Chapter 7) (04/13)

## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 01/01/2013 to 06/30/2013.

## Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Income by Month:

01/2013	\$2,061.07
02/2013	\$1,575.74
03/2013	\$1,818.80
04/2013	\$1,712.91
05/2013	\$1,566.90
06/2013	\$1,953.13
Average per month:	\$1,781.43
	02/2013 03/2013 04/2013 05/2013 06/2013

### Non-CMI - Social Security Act Income

Source of Income: Social Security

Income by Month:

6 Months Ago:	01/2013	\$1,595.00
5 Months Ago:	02/2013	\$1,595.00
4 Months Ago:	03/2013	\$1,595.00
3 Months Ago:	04/2013	\$1,595.00
2 Months Ago:	05/2013	\$1,595.00
Last Month:	06/2013	\$1,595.00
	Average per month:	\$1,595.00